

EXPENDITURE REPORT

☐ ORIGINAL REPORT ☐ ADDITIONAL REPORT

STATE OF WISCONSIN

Wis. Stats., Sec. 46.036

INSTRUCTIONS: See page 2.

[illegible]

Comments

Under penalty of perjury, I certify the information reported here is true and correct. I further certify the expenditures reported are accurate summarizations of the financial data contained on the Agency's financial records.

MAIL TO: Division of Management and Technology Bureau of Fiscal Services P O Box 7850 Madison, WI 53707-7850	NAME and TITLE – Authorized Agency Representative	
	SIGNATURE – Authorized Agency Representative	Date Signed

INSTRUCTIONS FOR COMPLETING EXPENDITURE REPORT, DMT-855

Type or Print

Completion of this form meets the requirements of s. 46.036, Wis. Stats. Failure to complete the form may result in non-payment of expenditures. Personally identifiable information on this form will be used only to process the form.

Check the box to indicate type of expenditure report. The choices are Original Report or Addition Report. There should be only one original report per report period. Corrections to previously reported periods should be made on additional reports. If this is the final report for the contract, mark on the top of the page, in red ink, "FINAL REPORT".

Agency Number	Enter the CARS agency number from the contract.
Agency Name	Enter the name of the reporting agency.
Contract Period	Enter the beginning and ending date of the contract period.
Agency Type	Enter the one or two-digit agency type from the contract.
Address	Enter the mailing address of the reporting agency.
Report Period	Enter the beginning and ending date of the month covered by this report.
Contact Person	Print or type the name of the person preparing this report.
Telephone Number	Enter the telephone number of the person preparing this report.
Profile Name	For each total, enter the name of the CARS PROFILE.
Profile ID Number	For each total, enter the CARS PROFILE ID.
Total (Inc/Dec)	Total expenditures for this profile (if expense is a negative, put brackets () around the dollar amount).
Category of Expenditure	Enter breakdown of expenditures and revenues required by contract. (e.g., Personnel Service , Program Supplies, Agency Operations. . .) Provide total line for each separate PROFILE ID.
Total Reported Expenses	Total down each column.
Comments	Use as necessary.
Title of Authorized Representative	Enter the title of the authorized agency representative.
Authorized Agency Representative Signature	Enter the signature of the authorized agency representative. The original signature copy must be send to the CARS Unit.
Date Signed	Enter the date the report was signed.
Distribution	Send to: Division of Management and Technology Bureau of Fiscal Services CARS Unit, Processing Unit PO Box 7850 Madison WI 53707-7850

Retain a copy for your records and mail 1 copy to your "Contract Administrator".